

Meaningful Use/Patient Centered Medical Home/Physician Quality Reporting System
Crosswalk for Eligible Professionals (EPs)

Stage 1 Meaningful Use (MU) Objectives for EPs only	NCQA PCMH 2011 Standards	2012 Physician Quality Reporting System (PQRS)
<p>The measures listed below are the requirements for Eligible Professionals (EPs) only.</p> <p>Click here to access the MU Table of Contents</p>	<p>To the extent possible, the PCMH standards are aligned with the CMS Meaningful Use requirements.</p>	<p>Click the link below to access the CMS PQRS site.</p> <p>Click here to access the PQRS site</p>
Core Objectives Providers must meet all 15 of the Core objectives		
Core 1 CPOE Med Orders by Provider → >30% w/1 med entered by provider-CPOE Num: # unique patients w/1 med seen by EP during rep period Den: # patients w/1 med order using CPOE Excl: EP w/< 100 prescriptions	PCMH 3: Element E.3. The practice uses an electronic prescription system with the following capabilities. 3. Enters electronic medication orders into the medical record for more than 30 percent of patients with at least one medication in their medication list.	
Core 2 Drug-Drug, Drug-Allergy Interaction Check → Attestation: Enabled - Yes/No No Exclusion	PCMH 3: Element E.4. The practice uses an electronic prescription system with the following capabilities. 4. Performs patient-specific checks for drug-drug and drug-allergy interactions.	
Core 3 Active Problem List → >80% seen by EP w/1 or "no known problems" indicated Num: # unique patients w/1 problem or "no known" seen by EP during rep period Den: # patients seen by EP No Exclusion	PCMH 2: Element B.1 The practice uses an electronic system to record the following as structured (searchable) data. 1. An up-to-date problem list with current and active diagnoses for more than 80 percent of patients.	
Core 4 eRx Prescriptions → >40% prescriptions by EP sent by eRx Num: # prescriptions eRx'd Den: # prescriptions excluding controlled drugs Excl: >100 EP prescriptions	PCMH 3: Element E.1. The practice uses an electronic prescription system with the following capabilities. 1. Generates and transmits at least 40 percent of eligible prescriptions to pharmacies.	
Core 5 Active Med List → >80% unique patients w/1 med or "no known" med Num: # patients in denominator w/1 med or "no known" medication. Den: # unique patients seen by EP No Exclusion	PCMH 2: Element B.9 The practice uses an electronic system to record the following as structured (searchable) data. 9. List of prescription medications with the date of updates for more than 80 percent of patients.	

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Core 6	Active Medication Allergy List	PCMH 2: Element B.2	
→	>80% unique patients w/1 entry or "no known allergy" Num: # unique patients w/1 allergy or "no known" Den: # unique patients seen by EP No Exclusion	The practice uses an electronic system to record the following as structured (searchable) data. 2. Allergies, including medication allergies and adverse reactions, for more than 80 percent of patients.	
Core 7	Demographics: preferred language, gender, race, ethnicity, dob	PCMH 2: Element A.1,2,3,4,5	
→	>50% unique patients w/demographics Num: # patients in denominator w/above or if patient declined Den: # unique patients seen by EP No Exclusion	The practice uses an electronic system that records the following as structured (searchable) data for more than 50 percent of its patients. 1. Date of birth, 2. Gender, 3. Race, 4. Ethnicity, 5. Preferred language.	
Core 8	Vitals: height, weight, B/P, BMI, Growth charts for 2-20 yrs	PCMH 2: Element B.3,4,5,6	
→	>50% unique patients age 2 and over w/ Num: # patients who have at least 1 entry of height, weight, and B/P Den: # unique patients age 2 or over seen by EP during rpt period Exclusion: EP w/no patients 2 yrs or older; if EP believes height, weight, BP no relevance in practice	The practice uses an electronic system to record the following as structured (searchable) data. 3. Blood pressure, with the date of update for more than 50 percent of patients. 4. Height for more than 50 percent of patients. 5. Weight for more than 50 percent of patients. 6. BMI for more than 50 percent of adult pts.	
Core 9	Smoking Status 13 yrs and older	PCMH 2: Element B.8	
→	>50% unique patients 13 & older seen by EP Num: # patients in denominator w/smoking status Den: # unique patients 13 & older seen by EP during rpt period Exclusion: EP who sees no patients 13 or older	The practice uses an electronic system to record the following as structured (searchable) data. 8. Status of tobacco use for patients 13 years and older for more than 50 percent of patients.	
Core 10	Report ambulatory clinical quality measures to CMS	PCMH 6: Element F.1.	
→	Attestation: Yes/No No Exclusion Click here to view all CQMs For paper version see page 7 for all CQMs	The practice electronically reports: 1. Ambulatory clinical quality measures to CMS.	

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Core 11	Implement 1 clinical decision support rule	PCMH 3: Element A.1,2.	
→	Attestation: Yes/No No Exclusion	The practice implements evidence-based guidelines through point-of-care reminders for patients with: 1. The first important condition. 2. The second important condition.	
Core 12	Provide patients e-copy of health info upon request	PCMH 1: Element C.1.	
→	>50% requests are provided within 3 bus days Num: # patients who receive electronic copy within 3 business days Den: # patients who request elec copy 4 bus days prior to end of rpt period	The practice provides the following information and services to patients and families through a secure electronic system. 1. More than 50 percent of patients who request an electronic copy of their health information (e.g., problem list, diagnoses, diagnostic test results, medication lists, and allergies) receive it within three business days.	
Core 13	Provide clinical summaries for each office visit	PCMH 1: Element C.2.	
→	Clinical summaries provided to patients for >50% of office visits within 3 business days Num: # office visits in denominator where clinical summary provided in 3 bus days Den: # office visits by EP Exclusion: EP w/no office visits	The practice provides the following information and services to patients and families through a secure electronic system. 2. Clinical summaries are provided to patients for more than 50 percent of office visits within three business days.	
Core 14	Electronic exchange of clinical information	PCMH 5: Element B.6.	
→	Perform 1 test to electronically exchange key clinical info Attestation: Yes/No No Exclusion	The practice coordinates referrals by: 6. Demonstrating the capability for electronic exchange of key clinical information (e.g., problem list, medication list, allergies, diagnostic test results) between clinicians.	
Core 15	Protect Electronic Health Info	PCMH 6: Element G.1,2	
→	Conduct security risk analysis and correct security deficiencies Attestation: Yes/No	In the PCMH 2011 application a practice provides the name and number of the software the practice uses in the PCMH 2011 application and attests to implementing the required security risk analysis and correction of security deficiencies.	

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Menu Set Objectives: Choose 5 of 10 Menu Set requirements. (1 of the 5 must be a public health measure)			
Menu 1	Implement Drug Formulary Checks	PCMH 3: Element E.6.	
→	Enabled and EP accesses at least 1 formulary Exclusion: <100 prescriptions Attestation: Yes/No	The practice uses an electronic prescription system with the following capabilities. 6. Alerts prescribers to formulary status.	
Menu 2	Incorporate lab results in EHR	PCMH 5: Element A.9.	
→	>40% lab results as structured data Num: # lab results reported as structured data Den: # lab tests ordered by EP	The practice has a documented process for and demonstrates that it: 9. Electronically incorporates at least 40 percent of all clinical lab test results into structured fields in medical records.	
Menu 3	List 1 report listing patients w/specific condition	PCMH 2: Element D.1,2.	
→	Attestation: Yes/No No Exclusion	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: 1. At least three different preventive care services. 2. At least three different chronic or acute care services.	
Menu 4	Send reminders to patients for preventive/f/up care	PCMH 2: Element D.1,2.	
→	>20% of patients 65 and older or 5 yrs and younger sent reminder Num: # of patients sent appropriate reminder Den: # unique patients 65 and older or 5 years or younger Exclusion: No patients 65 and older or 5 and younger	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: 1. At least three different preventive care services. 2. At least three different chronic or acute care services.	

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Menu 5	Provide patients with electronic access of health info	PCMH 1: Element C.2.	
→	At least 10% of patients can access info within 4 business days using patient portal or PHR Num: # patients in denominator w/access within 4 bus days to electronic access Den: # unique patients seen by EP Exclusion: EP doesn't order lab tests, problem, med and allergy lists	The practice provides the following information and services to patients and families through a secure electronic system. (2. At least 10 percent of patients have electronic access to their current health information (including lab results, problem list, medication lists, and allergies) within four business days of when the information is available to the practice.	
Menu 6	Identify patient-specific education and provide to patient	PCMH 4: Element A.2.	
→	>10% patients provided with education Num: # patients in denominator provided with education Den: # unique patients seen by EP No Exclusion	The practice conducts activities to support patients/families in self management: 2. Uses an EHR to identify patient-specific education resources and provide them to more than 10 percent of patients, if appropriate.	
Menu 7	Med reconciliation when receiving patient from another provider or care setting	PCMH 3: Element D.1.	
→	>50% of transition of care patients Num: # transitions of care in denominator using med recon Den: # transitions of care where EP is receiving party Exclusion: EP not recipient of transitional care patients	The practice manages medications in the following ways. 1. Reviews and reconciles medications with patients/families for more than 50 percent of care transitions.	
Menu 8	Provide summary care record for transition of care or referral	PCMH 5: Element B.7.	
→	>50% of transition of care patients have summary document provided Num: # transitions of care/referrals in denominator where record was provided Den # transitions of care/referrals for EP Exclusion: EP doesn't transfer or do referrals	The practice coordinates referrals by: 7. Providing an electronic summary of the care record for more than 50 percent of referrals.	
Menu 9	Capability to submit data to immunization registry	PCMH 6: Element F.3.	
→	Performed 1 test to submit and 1 f/up submission Attestation: Yes/No Exclusion: Does not administer immunization	The practice electronically reports: 3. Data to immunization registries or systems.	

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Menu 10	Capability to submit electronic syndromic surveillance data to public health agency	PCMH 6: Element F.4.	
→	Performed at least 1 test and f/up submission Exclusion: EP does not collect syndromic info	The practice electronically reports: 4. Syndromic surveillance data to public health agencies.	

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CORE 10: Clinical Quality Measures			
CORE MEASURES			
10.a NQF 0013	Hypertension: Blood Pressure Measurement		PQRS 237 – EHR PQRS 317 – Registry and Claims Hypertension (HTN): Blood Pressure Measurement
→	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.		Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with blood pressure (BP) recorded.
10.b NQF 0028	Preventive Care and Screening Measure Pair: a. Tobacco use Assessment b. Tobacco Cessation Intervention	PCMH 2: Element B.8 (Related Standard)	PQRS 226 -- Registry, Claims, EHR (not exact match) * Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
→	a) Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months.	The practice uses an electronic system to record the following as structured (searchable) data: 8. Status of tobacco use for patients 13 years and older for more than 50 percent of patients.	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *NQF 0028b requires patient to be seen for at least 2 office visits. PQRS 226 does not require 2 office visits.
→	B) Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.		
10.c NQF 0421	Adult Weight Screening and Follow-up	PCMH 2: Element B.6 (Related Standard)	PQRS 128 – Registry, Claims, EHR Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

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→	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	The practice uses an electronic system to record the following as structured (searchable) data. 6. System calculates and displays BMI (NA for pediatric practices).	Percentage of patients aged 18 years and older with calculated BMI in past six months or during the current visit documented in medical record AND if most recent BMI is outside normal parameters, a follow-up plan is documented. Normal Parameters: Age 65 years and older BMI ≥ 23 & < 30; Age 18 – 64 years BMI ≥ 18.5 & < 25.
ALTERNATE CORE Clinical Quality Measures (if the denominator of 1 or more of the required core measures is 0)			
10.d NQF 0024	<u>Weight Assessment/Counseling for Children and Adolescents</u>	<u>PCMH 2: Element B.4,5,6</u> (Related Standard)	<u>PQRS 239 – EHR</u> No PQRS Measure for Registry or Claims Weight Assessment and Counseling for Children and Adolescents
→	The percentage of patients 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	The practice uses an electronic system to record the following as structured (searchable) data. 4. Height for more than 50 percent of patients 2 years and older. 5. Weight for more than 50 percent of patients 2 years and older. 6. System calculates and displays BMI (NA for pediatric practices).	Percentage of children 2 through 18 years of age whose weight is classified based on BMI percentile for age and gender.
10.e NQF 0041	<u>Preventive Care and Screening: Influenza Immunization for Patients 50 years and older</u>	<u>PCMH 2: Element C.1</u> (Related Standard)	<u>PQRS 110 - Registry, Claims, EHR</u> Preventive Care and Screening: Influenza Immunization
→	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	To understand the health risks and information needs of patients/families, the practice conducts and documents a comprehensive health assessment that includes: 1. Documentation of age- and gender appropriate immunizations and screenings.	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 of the one-year measurement period who received an influenza immunization OR who reported previous receipt of an influenza immunization.
10.f NQF 0038	<u>Childhood Immunization Status</u>	<u>PCMH 2: Element B.4,5,6</u> (Related Standard)	<u>PQRS 240 – EHR</u> (not exact match) *

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<p>→ The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.</p>	<p>The practice uses an electronic system to record the following as structured (searchable) data.</p> <p>4. Height for more than 50 percent of patients 2 years and older.</p> <p>5. Weight for more than 50 percent of patients 2 years and older.</p> <p>6. System calculates and displays BMI (NA for pediatric practices).</p>	<p>No PQRS Measure for Registry or Claims Childhood Immunization Status</p> <p>The percentage of children two years of age who had four DTaP/DT, three IPV, one MMR, three influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday.</p> <p>*NQF 0038 requires 2 H influenza type B (HiB) vaccines. PQRS 240 requires 3 H influenza type B (HiB) vaccines.</p>
<p>ADDITIONAL Clinical Quality Measures (EPs also must select 3 additional CQMs from the set of 38 CQMs)</p>		
<p>ASTHMA MEASURES</p>		
<p>10.g NQF 0001 Asthma Assessment</p> <p>→ Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.</p>		<p>PQRS 64 - Registry, Claims, EHR (not exact match)*</p> <p>Asthma: Assessment of Asthma Control</p> <p>Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated at least once for asthma control (comprising asthma impairment and asthma risk).</p> <p>*NQF 0001 captures ages 5 through 40. PQRS 64 captures ages 5 through 50. NQF 0001 requires patient has been seen for at least 2 office visits. PQRS 64 includes patients who have been seen for 1 office visit.</p>
<p>10.h NQF 0047 Asthma Pharmacologic Therapy</p>		<p>PQRS 53 - Registry, Claims, EHR (not exact match)*</p> <p>Asthma: Pharmacologic Therapy for Persistent Asthma</p>

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→	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.		Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication. *NQF 0047 captures ages 5 through 40. PQRS 53 captures ages 5 through 50
10.i NQF 0036	Use of Appropriate Medications for Asthma		PQRS 311 - EHR PQRS 53 - Claims, Registry Use of Appropriate Medications for Asthma
→	The percentage of patient's 5-50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).		Percentage of patients aged 5 through 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year.
CANCER CARE MEASURES			
10.j NQF 0387	Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer		PQRS 71 – Claims, Registry, EHR Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
→	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.		Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.
10.k NQF 0385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients		PQRS 72 – Claims, Registry, EHR Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
→	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.		Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-

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		<p>month reporting period.</p>
<p>10.l NQF 0389 <u>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</u></p> <p>→ Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.</p>		<p><u>PQRS 102 – Claims, Registry, EHR</u></p> <p>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients</p> <p>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.</p>
CORONARY ARTERY DISEASE MEASURES		
<p>10.m NQF 0070 <u>Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</u></p> <p>→ Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.</p>		<p><u>PQRS 7 – Registry, EHR (not exact match)*</u></p> <p>Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%).</p> <p>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy.</p> <p>*PQRS 7 can be report for patients with a current or prior LVEF < 40% who were prescribed beta-blocker therapy. NQF 0070 does not include this group of patients.</p>
<p>10.n NQF 0067 <u>Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD</u></p>		<p><u>PQRS 6 – Claims, Registry, EHR</u></p> <p>Coronary Artery Disease (CAD): Antiplatelet Therapy</p>

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→	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.		Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel.
10.o NQF 0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol		PQRS 197 – Registry, EHR Coronary Artery Disease (CAD): Lipid Control.
→	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).		Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result < 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C < 100 mg/dL, including at a minimum the prescription of a statin.
DEPRESSIVE DISORDER MEASURES			
10.p NQF 0105	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment		PQRS 9 – Claims, Registry, EHR Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
→	The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.		Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase.
DIABETES MEASURES			
10.q NQF 0059	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus		PQRS 1 – Claims, Registry, EHR Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus
→	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c >9.0%.		Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%.
10.r NQF 0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus		PQRS 2 – Claims, Registry, EHR Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus

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→	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had LDL-C <100mg/dL.		Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL).
10.s NQF 0061	Diabetes: Blood Pressure Management		PQRS 3 – Claims, Registry, EHR Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
→	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had BP <140/90 mmHg.		Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg).
10.t NQF 0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy		PQRS 18 – Claims, Registry, EHR Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
→	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.		Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
10.u NQF 0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care		PQRS 19 – Claims, Registry, EHR Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care
→	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.		Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
10.v NQF 0055	Diabetes: Eye Exam		PQRS 117 – Claims, Registry, EHR Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient

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→	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional .		Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam.
10.w NQF0062	Diabetes: Urine Screening		PQRS 119 – Claims, Registry, EHR Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
→	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy .		Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months.
10.x NQF 0056	Diabetes: Foot Exam		PQRS 163 – Claims, Registry, EHR Diabetes Mellitus: Foot Exam
→	The percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).		The percentage of patients aged 18 through 75 years with diabetes who had a foot examination.
10.y NQF 0575	Diabetes: Hemoglobin A1c Control (<8.0		PQRS 313 – EHR No PQRS Measure for Registry or Claims Diabetes Mellitus: Hemoglobin A1c Control (<8%)
→	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.		The percentage of patients 18 through 75 years of age with a diagnosis of diabetes (type 1 or type 2) who had HbA1c < 8%.
DRUG/ALCOHOL DEPENDENCE MEASURES			
10.z NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement	PCMH 2: Element C.7 (Related Standard)	PQRS 305 – EHR No PQRS Measure for Registry or Claims Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment: (a) Initiation, (b) Engagement
→	The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD)	To understand the health risks and information needs of patients/families, the practice conducts	Percentage of adolescent and adult patients with a new episode of AOD dependence who initiate

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dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.		and documents a comprehensive health assessment that includes: 7. Patient and family mental health/substance abuse.	treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment AND who had two or more additional services with an AOD diagnosis within 30 days of the initial visit.
EYE CARE DISORDER MEASURES			
10.aa NQF 0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation		PQRS 12 – Claims, Registry, EHR Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
→	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least 2 office visits, who have an optic nerve head evaluation during one or more office visits within 12 months.		Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months.
HEART FAILURE MEASURES			
10.bb NQF 0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)		PQRS 5 – Registry, EHR Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
→	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.		Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at each hospital discharge.

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10.cc NQF 0083	<u>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</u>		<u>PQRS 8 – Registry, EHR</u> Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
→	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.		Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at each hospital discharge.
10.dd NQF 0084	<u>Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation</u>		<u>PQRS 200 – EHR</u> No PQRS Measure for Registry or Claims Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation
→	Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.		Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
HYPERTENSION MEASURE			
10.ee NQF 0018	<u>Controlling High Blood Pressure</u>		<u>PQRS 244 – Registry (not exact match)*</u> <u>PQRS 236 - EHR</u> Hypertension (HTN): Controlling High Blood Pressure
→	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.		Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mmHg). *PQRS 244 can also be reported for patients with a BP ≥ 140/90 who have been prescribed 2 or more anti-hypertensive medications during the most recent office visit. NQF 0018 does not include this group of patients.
ISCHEMIC VASCULAR DISEASE MEASURES			

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10.ff NQF 0073	<u>Ischemic Vascular Disease (IVD): Blood Pressure Management</u>		<u>PQRS 201 – Claims, Registry, EHR</u> Ischemic Vascular Disease (IVD): Blood Pressure Management Control
→	The percentage of patients 18 years of age and older who were discharged alive for AMI, CABG or PTCA from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose most recent blood pressure is in control (<140/90 mmHg).		Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg).
10.gg NQF 0068	<u>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</u>		<u>PQRS 204 – Claims, Registry, EHR</u> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
→	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.		Percentage of patients aged 18 years and older with ischemic vascular disease (IVD) with documented use of aspirin or other antithrombotic.
10.hh NQF 0075	<u>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control</u>		<u>PQRS 241 – Claims, Registry, EHR (not exact match)*</u> Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control

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<p>→ The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C was <100 mg/dL.</p>		<p>Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level was in control (less than 100 mg/dL).</p> <p>*PQRS 241 reporting period is within 12 months from the date of service. NQF 0075 reporting period is 14 to 24 months.</p>
PAIN MEASURE		
<p>10.ii NQF 0052 Low Back Pain: Use of Imaging Studies</p> <p>→ The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.</p>		<p>PQRS 312 – EHR</p> <p>No PQRS Measure for Registry or Claims</p> <p>Low Back Pain: Use of Imaging Studies</p> <p>Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.</p>
PEDIATRIC PHARYNGITIS MEASURE		
<p>10.jj NQF 0002 Appropriate Testing for Children with Pharyngitis</p> <p>→ The percentage of children 2-18 years of age who were diagnosed with Pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p>		<p>PQRS 66 – Claims, Registry, EHR</p> <p>Appropriate Testing for Children with Pharyngitis</p> <p>Percentage of children aged 2 thru 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode.</p>
PRENATAL CARE MEASURES		
<p>10.kk NQF 0014 Prenatal Care: Anti-D Immune Globulin</p> <p>→ Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.</p>		<p>PQRS 307 – EHR</p> <p>No PQRS Measure for Registry or Claims</p> <p>Prenatal Care: Anti-D Immune Globulin</p> <p>Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.</p>

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10.II NQF 0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)		PQRS 306 – EHR No PQRS Measure for Registry or Claims Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
→	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.		Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.
PREVENTION AND SCREENING MEASURES			
10.mm NQF 0031	Breast Cancer Screening	PCMH 2: Element D.1 (Related Standard)	PQRS 112 – Claims, Registry, EHR Preventive Care and Screening: Screening Mammography
→	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: (1.) At least three different preventive care services.	Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months.
10.nn NQF 0032	Cervical Cancer Screening	PCMH 2: Element D.1 (Related Standard)	PQRS 309 – EHR No PQRS Measure for Registry or Claims Cervical Cancer Screening
→	The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: (1.) At least three different preventive care services.	Percentage of women aged 21 through 63 years who received one or more Pap tests to screen for cervical cancer.
10.oo NQF 0033	Chlamydia Screening for Women	PCMH 2: Element D.1 (Related Standard)	PQRS 310 – EHR No PQRS Measure for Registry or Claims Chlamydia Screening for Women

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→	The percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: (1.) At least three different preventive care services.	Percentage of women aged 15 through 24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
10.pp NQF 0034	Colorectal Cancer Screening	PCMH 2: Element D.1 (Related Standard)	PQRS 113 – Claims, Registry, EHR
→	The percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: (1.) At least three different preventive care services.	Preventive Care and Screening: Colorectal Cancer Screening Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening.
10.qq NQF 0043	Pneumonia Vaccination Status for Older Adults	PCMH 2: Element D.1 (Related Standard)	PQRS 111 - Claims, Registry, EHR
→	The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	The practice uses patient information, clinical data and evidence-based guidelines to generate lists of patients and to proactively remind patients/families and clinicians of services needed for: (1.) At least three different preventive care services.	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine.
TOBACCO CESSATION MEASURE			
10.rr NQF 0027	Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies	PCMH 2: Element B.8 (Related Standard)	PQRS 308 – EHR
			No PQRS Measure for Registry or Claims Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation

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		<p>Strategies.</p>
<p>→ The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.</p>	<p>The practice uses an electronic system to record the following as structured (searchable) data. 8. Status of tobacco use for patients 13 years and older for more than 50 percent of patients.</p>	<p>Percentage of patients aged 18 years and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.</p>



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